Original Essay

First Case

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This is a tale about fear. The fear, irrational and overpowering, that is currently focused on one sexually transmissible viral infection whose name everybody knows, will surely recur with every deadly new disease. And so throughout this piece the menacing new clinical entity is given the generic name of It, for I believe the human issues remain the same even when the disease changes.

Several patients with It had passed through our hospital and a couple had died, but there was yet to be an autopsy of It. Despite membership on the Infection Control Committee and all the scientific papers saying It was hard to catch even after an inadvertent needlestick, I was afraid. I had consulted Barbara Sanchez, the Infection Control Nurse Practitioner. She had never realized, before seeing a regular cancer autopsy on our invitation the day before, that *liters* of infective material are handled every time. Consequently, we were planning the next step, a "dress rehearsal autopsy of It" for the next week.

That morning I called our secretary and asked, "What have we got?" I almost fell over when she answered, "There's a case of It." On the way to the hospital I hoped, "Maybe Jack is pulling my leg by contriving the dreaded scenario," adding, "If not, this is what we are waiting for. Might as well get it over with," as though I believed myself.

Thank goodness it was my week for autopsy service. Jim Stanton would have been scared to death. George Perez would have considered that he had fulfilled the attending pathologist's role by berating the resident through the closed autopsy room door and then imperiously ordering him to be careful as he walked away. Tom Smith, misguided soul, would have thought he remembered reading something in *People* magazine about pancreatic abnormalities in It and would have meticulously dissected the retroperitoneum, nicking himself and forgetting to remove the lungs along the way.

On arriving at the hospital I learned that the case was real, all right. The young man who had died was my age and distressingly similar to me in professional development.

Instead of the losers, I had Jack, who could "dien" (assist at autopsy) better than anybody when he wanted to; and Aram, one of those residents who counter our fears that the next generation is unprofessional. We were joined by Lenny, the medical student who said yes. Harvey, the one who said no, stood duty outside within earshot because we did not have an intercom. Barbara, bless her calm competence and practicality, came and stayed to watch and advise.

In the 40% of my time allotted to internal medicine, I had examined several patients with It and had come to care about some of them personally. As I prepared to direct the assembled team, I was fighting desperation and the fear that It knew an undiscovered route to the unborn baby in my wife's belly.

We cleared the room and prepared ten big buckets of formalin. We suited up for Mars, tenser than we could admit, and Harvey snapped our picture, with Jack's suit marked "NASA: Captain Nikopoulos" by a wag of a histotechnician.

The two ground rules were "Only one person handles a blade at a time" and "Speak before you move." We brought out the body and examined the surface. I changed gloves. Lenny made notes, one sheet about this case and the other recording Barbara's and my comments for the creation of an "It-autopsy" protocol. Aram watched, eager to touch and in good control of himself. Nothing like this had happened during his earlier training in Cleveland, and this first month at our place had been crammed with new challenges. Jack did the primary incision, smooth as silk, all-star, slow and easy, like this was the hundredth time. We made cultures. I yelled "Stop!" when Jack started to eject the extra blood from the syringe, "Drop it into the disinfectant now. Now! Now!" Lenny changed our masks. They completed the evisceration: the organ block was out. Barbara noticed a blood drip and cleaned it up. Rock-and-roll music played on the radio. This time I was not about to cross Jack by shutting that noise off.

Aram weighed, measured and separated organs into large subunits, doing only a quarter of the usual dissection to minimize the risk of an injury. Each subunit went into fixative, with detailed work reserved for a time after any microbes—the causative agent, the expected enteric protozoans, unsuspected acid-fast bacilli, mounds of cytomegalovirus—would *have* to have died. We changed masks. Lenny wrote down the observations on brain removal. Barbara detailed four more ways we could proceed better, for Lenny's list and for the protocol. Aram changed gloves for the sixth time, Jack for the seventh and I, putatively just an observer, for the third. The last tissue and fluid specimens were taken. We cleaned the body surface yet again and put the body in the tray and then in the bag, and then in the second bag, and then in the third bag for the undertaker, who arrived soon after. A technician, professional and supportive, tried to help by letting him in to the body storage area, and I yelled out for her to detain him, though it meant she would be sore at me.

Finally Aram put the last tissue specimen in a bottle. The knives were soaking in disinfectant, and more disinfectant

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was dispensed to wipe down everything. We were done. Nobody had gotten cut. We all complimented each other on commitment and integrity. Harvey took a relaxed "After" picture. We changed. We washed—about five times. It was lunchtime. When we got outside, glorious July sunshine filled the outdoors. Each of us was euphoric, and we had become a team in a way I had never, in ten years' exposure, seen before. I took them all out for drinks at the end of the day, wanting to make some gesture. We all felt it. We feel it still.

The shadow of death, of the poor patient's death and of our own deaths, had passed over us, and we were spared, alive, uninfected. We could do it again. We could do anything. It was not going to get us, physically or mentally. We were so ahead of It that we could do right, in this last service, by someone It had struck down. Hosanna.

In a tiny battle of the big war, we had beaten It. There was hope for us and, a long way off, hope that It, too, would be sent cringing into history.

Postscript. Unfortunately for all the victims, we did have to do it again—seven more times in the next seven months. My beloved son Joseph was born healthy, of course, later that year, and is thriving.

Book Review

The Western Journal of Medicine *does not review all books sent by publishers, although information about new books received is printed elsewhere in the journal as space permits. Prices quoted are those given by the publishers.*

Endourology

Edited by Culley C. Carson, MD, Associate Professor of Urology, and N. Reed Dunnick, MD, Professor of Radiology and Chief, Sections of Uroradiology and Vascular/Interventional Radiology, Duke University Medical Center, Durham, North Carolina. Churchill Livingstone Inc, 1560 Broadway, New York, NY 10036, 1985. 315 pages, $58.

Over the past decade, endourology has emerged as a new subspecialty within urology. Radiologists have participated along with urologists, and progress has been rapid. Imaging methods have improved enormously, and new instruments and techniques have been developed at a rapid pace. This field will continue to grow, and the potential to investigate and intervene in the upper urinary system without making a surgical incision will be expanded. Endourology has already changed the pattern of practice for the urologist and the training programs for urology residents.

Carson and Dunnick have compiled an excellent volume using twenty contributors—both urologists and radiologists. Some repetition is inevitable with multiple authors, but everything is here. Techniques are thoroughly and capably described. Discussions are thoughtful, and there are abundant high-quality drawings and radiographs. This volume is recommended to urologists and radiologists and will be particularly beneficial for the resident in training in these two disciplines.

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